PTO/SB/21 (10-07)
Approved for use through 10/31/2007. OMB 0651-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE perwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. **Application Number** 10/812,298 Filing Date TRANSMITTAL March 29, 2004 **FORM** First Named Inventor Matthieu Guitton Art Unit 1617 **Examiner Name** Jennifer Kim (to be used for all correspondence after initial filing) Attorney Docket Number AUR-2001US01

APR 1 5 2008

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| Total Number of Pages in This Submission  |           |  |  |   |            |         |          |   |      |   |    |    |  |
|---|-----------|--|--|---|------------|---------|----------|---|------|---|----|----|--|
| ENCLOSURES (Check all that apply)   |           |  |  |   |            |         |          |   |      |   |    |    |  |
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| Reply to Missing Parts/ Incomplete Application Reply to Missing Parts under 37 CFR 1.52 or 1.53   |           |  |  | The Commissioner is hereby authorized to charge any fee deficiencies or credit any overpayments associated with this submission to the PIERCE ATWOOD LLP Deposit Account No. 50-4514. |            |         |          |   |      |   |    |    |  |
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PTO/SB/17 (10-07)
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| Effective on 12<br>Feet Sursuant to the Consolidated App | ropriations | Act, 2005 (H.R. 4818).    | Application Number             | 10/812,298 March 29, 2004 Matthieu Guitton Jennifer Kim |  |  |  |
| FEE TRAN   |             | IIIIAL                    | Filing Date                    |   |  |  |  |
| For FY   | 200         | В                         | First Named Inventor           |   |  |  |  |
|  |             | - 07 050 4 07             | Examiner Name                  |   |  |  |  |
| ✓ Applicant claims small entity status. See 37 CFR 1.27  |             |                           | Art Unit                       | 1617  |  |  |  |
| TOTAL AMOUNT OF PAYMENT (\$) 60.00                       |             |                           | Attorney Docket No.            | AUR-2001US01  |  |  |  |
| METHOD OF PAYMENT (chec                                  | k all that  | apply)                    |                                |   |  |  |  |
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| FEE CALCULATION   |   |  |                      | ***  |                                     |                          |                          |  |
| 1. BASIC FILING, SEAF   | RCH. AND  | EXAMINATIO                                 | N FEES               |  |                                     |                          |                          |  |
|   | FILING  | FEES                                       | SEARC                |  |                                     | TION FEES                |                          |  |
| Application Type  | Fee (\$)  | Small Entity<br>Fee (\$)                   | Fee (\$)             | Small Entity<br>Fee (\$)                     | Fee (\$)                            | Small Entity<br>Fee (\$) | Fees Paid (\$)           |  |
| Utility   | 310   | 155  | 510                  | 255  | 210                                 | 105                      |                          |  |
| Design  | 210   | 105  | 100                  | 50   | 130                                 | 65                       |                          |  |
| Plant   | 210   | 105  | 310                  | 155  | 160                                 | 80                       |                          |  |
| Reissue   | 310   | 155  | 510                  | 255  | 620                                 | 310                      |                          |  |
| Provisional   | 210   | 105  | 0                    | 0  | 0                                   | 0                        |                          |  |
| 2. EXCESS CLAIM FE  | ES  |  | -                    | ·  |                                     |                          | Small Entity             |  |
| Fee Description   | =   |  |                      |  |                                     | Fee (\$)                 | Fee (\$)                 |  |
| Each claim over 20 (  |   |  | `                    |  |                                     | 50<br>210                | 25<br>105                |  |
| Each independent cla  |   | (including Reis                            | ssues)               |  |                                     | 370                      | 185                      |  |
| Multiple dependent of Total Claims  | iaims<br>Extra Clai   | ms Fee (\$)                                | Foo P                | aid (\$)                                     |                                     |                          | pendent Claims           |  |
| - 20 or HP =  | LATIA CIAI  | X 1 00 147                                 | =                    | <u> αια (ψ)</u>                              |                                     | Fee (\$)                 | Fee Paid (\$)            |  |
| HP = highest number of total  | daims paid f  |  | 20.                  |  |                                     |                          |                          |  |
| Indep. Claims   | Extra Clai  | ms Fee (\$                                 | ) Fee Pa             | aid (\$)                                     |                                     |                          |                          |  |
| - 3 or HP =<br>HP = highest number of inde  | nendent claim   | X  | =                    |  |                                     |                          |                          |  |
| 3. APPLICATION SIZE   |   | is paid for, it greate                     | i tian o.            |  |                                     |                          |                          |  |
| If the specification and  | drawings  |  |                      |  |                                     |                          |                          |  |
| listings under 37 C   |   |  |                      |  |                                     | all entity) for (        | each additional 50       |  |
| sheets or fraction the Total Sheets - 100 =   | hereof. See<br>Extra She  | e 35 U.S.C. 41(<br>ets <u>Num</u><br>/50 = | <u>bér óf eách a</u> | additional 50                                | 16(s). or fraction the whole number | ereof <u>Fee (</u>       | \$) <u>Fee Paid (\$)</u> |  |
| 4. OTHER FEE(S) Non-English Specifi   | cation, \$  | 130 fee (no sm                             |                      |  |                                     | ****                     | Fees Paid (\$)           |  |
| Other (e.g., late filing surcharge): Petition for One-Month Extension of Time 60.00 |   |  |                      |  |                                     |                          |                          |  |

| SUBMITTED BY      | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ |   |                        |
|-------------------|---------------------------------------|---|------------------------|
| Signature         | Multimel                              | Registration No.<br>(Attorney/Agent) 35,505 | Telephone 603-433-6300 |
| Name (Print/Type) | Kevin M. Farrell                      |   | Date 4/10/08           |

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